PRE-OPERATIVE INSTRUCTIONS

1. In order to keep you, our staff and our providers safe, a COVID-19 Swab Test is required 5 days prior to surgery. You must then quarantine until date of surgery.			
2. Arrange for an adult to drive you home a	fter the procedure.		
3. Have your lab work done within 7 days o	f the procedure.		
4. Stop smoking 30 days prior to your proce	edure.		
5. Shower with antibacterial soap the night	before and morning of y	your procedure with attention to the.	
6. You must stop taking any BLOOD THIN of the procedure. This limits the chance of a			
 aspirin ecotrin bufferin ibuprofen Motrin Advil Naprosyn (naproxen) 6. You should stop Plavix, Coumadin, Prada regarding stopping your blood thinners like your primary care physician. Please notify your primary care physician.	xa, etc. for 5 days prior t Plavix, Coumadin, Prad	laxa, etc., ask your provider and/or	
7. Do not eat for 8 hours prior to your sur coffee up to 2 hours prior to your surgery	· .	lear liquids including water and blac	:k
8. If you are diabetic and on insulin, check w	vith your primary care pl	nysician about your insulin use.	
9. For any questions or concerns, do not hesi	itate to call the office at ?	707-252-9660.	
10. Additional instructions:			
Patient Signature	Provider Signature	Date	_